

# Foster Family Home - Deficiency Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-9

724 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 12/22/2021

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

*Maribel Nakamine, M*      12/22/2021

Compliance Manager

Date

*Rose Marie Pambid*

12/22/2021

Primary Care Giver

Date